

From:

11/06/2020 14:07

#069 P.002/002

C Form 5 (5/01)

<b>CHARGE OF DISCRIMINATION</b> <small>This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.</small>		Charge Presented To:      Agency(is) Charge No(s): <input checked="" type="checkbox"/> FEPA      0920ReSR091 <input checked="" type="checkbox"/> EEOC      470-2020-03359	
<b>Gary Human Relations Commission</b> <small>State or local Agency, if any</small>		And EEOC	
Name (indicate Mr., Ms., Mrs.) <b>DR. JENNIFER DOCHEE</b>		Home Phone (Incl. Area Code) <b>(708) 516-0099</b>	Date of Birth <b>1975</b>
Street Address <b>8631 Stone Creek Blvd</b>		City, State and ZIP Code <b>FRANKFORT, IL 60423</b>	
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)			
Name <b>METHODIST HOSPITALS</b>		No. Employees, Members <b>15-100</b>	Phone No. (Include Area Code) <b>(219) 886-4000</b>
Street Address <b>600 GRANT STREET</b>		City, State and ZIP Code <b>GARY, INDIANA 46402</b>	
Name 		No. Employees, Members 	Phone No. (Include Area Code) 
Street Address 		City, State and ZIP Code 	
DISCRIMINATION BASED ON (Check appropriate box(es).) <input checked="" type="checkbox"/> RACE <input checked="" type="checkbox"/> COLOR <input checked="" type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input checked="" type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input type="checkbox"/> DISABILITY <input type="checkbox"/> OTHER (Specify below.)		DATE(S) DISCRIMINATION TOOK PLACE Earliest      Latest <b>04/13/2020      04/13/2020</b> <input checked="" type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)): <div style="text-align: center; margin-top: 10px;"> <b>AMENDED</b> </div> <p style="margin-top: 20px;">I am an African American Female hired by the Respondent on or about August 15, 2019. My position Title was Interventional Cardiologist. During my employment, I became a recipient of continuous harassment by several male Cardiologist. The main decision maker is Indian. I complained and reported to the Respondents chairman and Chief Executive Officer and nothing was done. On April 13, 2020 I was disciplined and discharged in retaliation for my reporting the harassment. I was also threatened by the respondent that I would be reported to the National Practitioner Databank. On October 2, 2020 I was informed a negative reference was given on me discrediting my credentials and blocking me from getting hired at another hospital.</p> <p style="margin-top: 20px;">I believe I have been discriminated and retaliated against based on my race African American/ Sex Female in violation of Title VII of the Civil Rights Act of 1964 as amended.</p>			
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.		NOTARY When necessary for State and Local Agency Requirements	
I declare under penalty of perjury that the above is true and correct.		I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT	
Date <b>11/3/2020</b>		SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year) <b>October 28, 2020</b>	

EXHIBIT

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